U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

\Q_1,	
or Official Use Only	
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1. File Number U-

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Michael D McNeill	Name International Association of Fire Fighters	
	Labor Organization File Number 000-317	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1217 Elm Street	Street 1750 New York Avenue, NW	
City Denver	City Washington	
State Colorado ZIP Code + 4 80220-2512	State District of Columbia ZHP Code + 4 20006-5395	
5. Position in labor organization.  Vice President, Ninth Distric	et	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	t	
	7.b. Amount.	
Street		
City	<b>\$0</b>	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed On 7/7/2005 303 321-4673		

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Code + 4

or Consultant

?

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Woodley & McGillivary	
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Suite 400	c. Employer
Street 1125 15th Street N.W.	G. Emproyer
City Washington	
State District of Columbia ZIP Code + 4,20005	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	General Council
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$1,073,255
City	11.b. Approximate dollar value of such dealing. \$1,073,255  12.a. Nature of interest held or income received.
State ZIP Code + 4	Dinner party on October 6, 2004 and Holiday gift on December 20, 2004.
	12.b. Amount. \$171
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name. if any:	

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deats with:
Name Kelly Press	🗙 a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1701 cabin Branch Dr.	c. Employer
City Cheverly	
State Maryland ZiP Code + 4 20785	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Printing and Convention Services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,010,905
	12.a. Nature of interest held or income received.
	Dinner for myself and my spouse.
	12.b. Amount. \$250